FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **756939** **(5)**

1. Corporation Name

THE WOODLANDS OF CAPE CORAL HOMEOWNERS' ASSOCIAT ION INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
709 SW 6TH STREET CAPE CORAL FL 33991	709 SW 6TH STREET CAPE CORAL FL 33991

3. Date Incorporated or Qualified: **03/25/1981**
3a. Date of Last Report: **03/21/1994**
4. FEI Number: **65-0092179** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MC KELVIE, MILTON J
709 S.W. 6TH ST.
CAPE CORAL FL 33991

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☑ Change ☐ Addition
NAME	MCKELVIE, MILTON J	12 NAME	Gaubeart, Jim	
STREET ADDRESS	709 S.W. 6TH ST.	13 STREET ADDRESS	701 SW 6th St	
CITY-ST-ZIP	CAPE CORAL FL 33991	14 CITY-ST-ZIP	Cape Coral, Fl 33991	
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	MC GINNIS, KENNETH MD	22 NAME		
STREET ADDRESS	706 S/W/ 6TH ST.	23 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL 33991	24 CITY-ST-ZIP		
TITLE	STD	31 TITLE		☐ Change ☐ Addition
NAME	MINER, BOBBIE S	32 NAME		
STREET ADDRESS	708 SW 6 ST	33 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bobbie S Miner 4-28-95 (813) 939-1402
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0043008

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DIVISION OF CORPORATIONS

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95 ... 0:47

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # **757910** **(5)**

1. Corporation Name

SPACE COAST BUILDERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
424 DORSET DR. (COCOA BCH. FL 32931) BOX 51 COCOA FL 32923-7051	424 DORSET DR. (COCOA BCH., FL 32931) BOX 51 COCOA FL 32923-7051

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/11/1981**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **26-1926526** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

FULLER, HAROLD J.
424 DORSET DR.
COCOA BCH. FL 32927

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	P ☐ Change ☐ Addition
NAME	FULLER, HAROLD J	12 NAME	Fuller, Harold J.
STREET ADDRESS	424 DORSET DR	13 STREET ADDRESS	424 Dorset Dr.
CITY-ST-ZIP	COCOA BEACH FL	14 CITY-ST-ZIP	Cocoa Beach, Fl.
TITLE	V	21 TITLE	V ☐ Change ☐ Addition
NAME	BALL, THOMAS E	22 NAME	Derman, Mark
STREET ADDRESS	3530 CANAVERAL GROVES BLVD	23 STREET ADDRESS	3550 Oakhill Drive
CITY-ST-ZIP	COCOA FL	24 CITY-ST-ZIP	Titusville, Fl.
TITLE	D	31 TITLE	D ☐ Change ☐ Addition
NAME	GILMORE, RAYMOND L	32 NAME	Ball, Thomas E.
STREET ADDRESS	465 ROBIN HOOD DR	33 STREET ADDRESS	3530 Canaveral Groves Blvd.
CITY-ST-ZIP	MERRITT ISLAND FL	34 CITY-ST-ZIP	Cocoa, Fl.
TITLE	S	41 TITLE	S ☐ Change ☐ Addition
NAME	GRIFFIN, LINDA J	42 NAME	Griffin, Linda J.
STREET ADDRESS	1301 BAY SHORE DR	43 STREET ADDRESS	1301 Bay Shore Drive
CITY-ST-ZIP	COCOA BEACH FL	44 CITY-ST-ZIP	Cocoa Beach, Fl.
TITLE	D	51 TITLE	D ☐ Change ☐ Addition
NAME	DERMAN, MARK	52 NAME	Walker, Gary
STREET ADDRESS	3550 OAKHILL DR	53 STREET ADDRESS	1281 Fox Court
CITY-ST-ZIP	TITUSVILLE FL	54 CITY-ST-ZIP	Titusville, Fl.
TITLE	T	61 TITLE	T ☐ Change ☐ Addition
NAME	ANDERAU, JOY A	62 NAME	Anderau, Joy A.
STREET ADDRESS	1470 N CARPENTER RD	63 STREET ADDRESS	1470 N. Carpenter Rd.
CITY-ST-ZIP	TITUSVILLE FL	64 CITY-ST-ZIP	Titusville, Fl.

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 11 or Block 14 if changed, or on an attachment with an address.

SIGNATURE: _____ MARK D. DERMAN 4-28-95 407 264 2600
SIGNATURE AND TYPED OR PRINTED NAME OF MANING OFFICER OR DIRECTOR — Date — Daytime Phone #

0031642

75710

Additional Directors - Block 13

Title: D
Gonding, Suzanne
1414 S. Carpenter Rd.
Titusville, Fl.

Title D
Stalvey, Grady
5161 Dalehurst Dr.
Cocoa, Fl.

Title D
Mason, William J.
4615 Rosebud St.
Cocoa, Fl.

Title D
Argo, Pat
815 Glade Rd.
Titusville, Fl. 32780

Title D
Gumieny, Emil
1280 War Eagle Blvd.
Titusville, Fl

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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **757982** **(4)**

1. Corporation Name

GREATER JACKSONVILLE FAMILIES IN ACTION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
121 E. 8TH STREET, SUITE 11 JACKSONVILLE FL 32206	121 E. 8TH STREET, SUITE 11 JACKSONVILLE FL 32206

3. Date Incorporated or Qualified: **05/11/1981**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-2144864** ☐ Applied For ☐ Not Applicable
2. Principal Place of Business (21) / 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) / Zip (29) Country (30)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

GAILLARD, JOHN F
5411 OREGA BLVD.
JACKSONVILLE FL 32210

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	SCHICKEL, CAROL	12 NAME	
STREET ADDRESS	4839 RIVER POINT ROAD	13 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	CENTER, GENE	22 NAME	
STREET ADDRESS	10341 LEM TURNER ROAD	23 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	ENNIS, BONNIE	32 NAME	
STREET ADDRESS	2164 IVYLGAIL DR W	33 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	BARCO, LYNDA	42 NAME	
STREET ADDRESS	2571 HOLLY POINT EAST	43 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	CULBERTSON, SANDY	52 NAME	
STREET ADDRESS	5959 FT CAROLINE RD	53 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	54 CITY-ST-ZIP	
TITLE	P	61 TITLE	☐ Change ☐ Addition
NAME	MACGREGOR, SCOTT	62 NAME	
STREET ADDRESS	3964 HIGH PINE RD	63 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sandy Culbertson 4-27-95 904-355-8118
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Sandy Culbertson

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